

**Physical Health Covered Services Guide Mapping Matrix**  
**Appendix I**  
**Effective October 1, 2016**

Service Matrix Category Number	Line #	Item	Description	Form Type	Category Of Service	Mapping
220	402	Hospital Inpatient	All contracted or fee for service expenses for hospital inpatient services, including room, board, and ancillary expenses (Does not include Behavioral Health Services)	I		Facility based encounter with a Provider type 02 (Hospital), 35(Hospice), 71 (Psychiatric Hospital), 73 (Out of State Encounter), 83 (Free-Standing Birthing Center), C4 (Specialty Per Diem Hsp) and Bill Type is 111-127
220	404	Hospital Inpatient, BH Principle Diagnosis	All contracted or fee for service expenses for hospital inpatient services, including room, board, and ancillary expenses where Behavioral Health is the principle diagnosis	I		Facility based encounter with a Provider type 02 (Hospital), 35(Hospice), 71 (Psychiatric Hospital), 73 (Out of State Encounter), 83 (Free-Standing Birthing Center), C4 (Specialty Per Diem Hsp) and Bill Type is 111-127
220	406	Hospital Inpatient – Prior Period Coverage	All contracted or fee for service expenses for hospital inpatient services, including room, board, and ancillary expenses (Does not include Behavioral Health Services)	I		Facility based encounter with a Provider type 02 (Hospital), 35(Hospice), 71 (Psychiatric Hospital), 73 (Out of State Encounter), 83 (Free-Standing Birthing Center), C4 (Specialty Per Diem Hsp) and Bill Type is 111-127
180	408	Primary Care Physician Services	Contracted or fee for service expenses for primary care delivery and other practitioners, including Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	A		Provider Type: 02(Hospital), 05(Clinic), 07(Dentist), 08(MD-Physician), 31(DO-Physician), 90(QMB Only provider) , C4 (Specialty Per Diem Hsp) , IC(Integrated Clinics), RP(Referring/Ordering Provider) I1 (Immunization Clinics), 14(Physical Therapist), <b>and</b> CPT codes 90000-90800, 90916-99999, 36400-36415, 38220-38221, 54150, 54160. <u>EPSDT</u> : Recipient is less than 21 years old and Diagnosis is V20-V20.2 or Category of Service is 08(EPSDT). <u>Mental Health</u> : CPT between 90801-90915, G0071-

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						G0094
052	409	Physician Services, BH Principle Diagnosis	Expenses for physician services where Behavioral Health is the principle diagnosis	A		<p>Provider type 11, 39, 77, 85, 86, 87, A2, A3, A4, A5, A6</p> <p>Select by provider type or AHCCCS COS with HCPCS codes equal to: H0001, H0002, H0003, H0004, H0017, H0018, H0019, H0025, H0031, H0034, H0038, H2000, H2011, H2012, H2014, H2015, H2016, H2017, H2019, H2020, H2025, H2027, S5110, T1002, T1016, T1019, T1020, 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829, 90845, 90846, 90847, 90849, 90853, 90857, 90862, 90865, 90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899, 96101, 96102, 96103, 96105, 96110, 96111, 96116, 96118, 96119, 96120, 96125, 96150, 96151, 96152, 96153, 96154, 96155, 99255, H0020 with modifier equal to HG, H2010 with modifier equal to HG</p> <p>Select by HCPCS codes: 99201-99499 (if not previously selected by Service Matrix Category 40- Primary Care Service)</p> <p>Select by HCPCS H0020 and H2010 both codes with modifier equal to HG</p>
160, 170	410	Referral Physician Services	Contracted or fee for service expenses for referral (specialist) physician services. This is Surgery and OB/GYN Services	A		<p>Provider Type: 02(Hospital), 05(Clinic), 07(Dentist), 08(MD-Physician), 31(DO-Physician), C4 (Specialty Per Diem Hsp), 14 (Physical Therapist), 90 (QMB Only Provider) also CPT 10000-69999 with COS 02 or 00100-01999 with COS 01, 02.</p>

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						<p>Exclude 54150 and 54160(Circumcision) and T1015</p> <p>For OB/GYN services use 56405-59999 regardless of the category of service. Also include the following diagnostic codes: 614-677, V22.xx, V23.xx, V24.xx, V25.xx, V27.xx, V28.xx, and V72.3x &amp; V72.4X, providing both form type and provider type conditions are met.</p>
350	411	PH FQHC/RHC Services	FQHC/RHC services should be recorded to this line if the services meet the definition of a visit or are incidental to the visit	A or D		<p>Provider type for FQHCs and FQHC Look-Alikes is C2</p> <p>Provider type for RHCs is 29.</p>
190	412	Other Professional Services	All other Professional Services not otherwise classified above (408-410)	A		<p>Select all HCPCS/CPT Codes for the following provider types: 03, 04, 09, 10, 11, 12, 13, 15, 16, 17, 18, 19, 22, 26, 30, 31 32, 36, 41, 46, 47, 48, 56, 62, 67, 68, 69, 73, 79, 82, 83, 84, 85, 86, 87, , E1, <b>OR</b> the category of service 45 for all services which have not already been mapped elsewhere.</p>
180	414	Physician Services, PPC	Contracted or fee for service expenses for primary care delivery and other practitioners, including Early and Periodic Screening, Diagnosis and Treatment (EPSDT), PPC	A		<p>Provider Type: 02(Hospital), 05(Clinic), 07(Dentist), 08(MD-Physician), 31(DO-Physician), 90(QMB Only provider) , C4 (Specialty Per Diem Hsp) , IC(Integrated Clinics), RP(Referring/Ordering Provider) I1 (Immunization Clinics), 14(Physical Therapist), <b>and</b> CPT codes 90000-90800, 90916-99999, 36400-36415, 38220-38221, 54150, 54160.</p> <p><u><b>EPSDT:</b></u> Recipient is less than 21 years old and Diagnosis is V20-V20.2 or Category of Service is 08(EPSDT).</p> <p><u><b>Mental Health:</b></u> CPT between 90801-90915, G0071-</p>

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120	416	Emergency Facility Services	Those expenses relating to emergency room and urgent care facility services provided on an outpatient basis	O		Rev Code 450-459. Only ER services that did not result in a hospital admission will be counted in this category. Form type O should limit this.
330	417	Pharmacy	Pharmacy expenses incurred for outpatient services	C, O		Form Type O: Rev codes 250-259, 630-633, 636 Select if Claim Type = E (Encounter) Select for all Form Type = C (Pharmacy)
110	418	Lab, X-ray and Medical Imaging	Pathology, Laboratory and radiology (medical imaging, x-ray) expenses incurred for outpatient services	A	12 or 13	Also any other HCPCS that match the category of service value.
130	419	Outpatient Facility	Outpatient facility expenses incurred for outpatient services. Includes outpatient/ambulatory surgical center.	O, A, I		<b>Form type O</b> rev codes not in the following ranges: 450-459. <b>Form type A</b> with provider type of 43 (Ambulatory Surgical Center). <b>Do not</b> include encounters only that contain the following rev codes (These will be included in Pharmacy): 250-259, 630-633, 636. <b>Form type I</b> pay code OPF, and CCO. Pay code TIR with Form Type 1 only when no tier levels found.
090	420	Durable Medical Equipment	Medical equipment, medical supplies, medical appliances and oxygen expenses incurred for outpatient services.	A	15 or 40	For Rented: select by all HCPCS with AHCCCS Category of Service values and modifier codes equal to NR, RR or LL For Purchased: select by all HCPCS with AHCCCS Category of Service values. Bypass those selected in the Rental Category
150	421	Dental	Dental expenses incurred for outpatient services, including outpatient surgery, pharmacy, lab, and radiology specifically	D, A	11	Select all form type D and select form type A and COS 11

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			related to a dental diagnosis.			
10, 20, 30, 40, 50, 60, 70, 80,	422	Transportation	Medically necessary transportation expenses incurred for inpatient and outpatient services, both emergency and non-emergency.	A		HCPC Codes: A0021-A0999, Q3019, Q3020, S0209, S0215, T2001-T2007, T2049, Z0030, Z2999, Z3344, Z3620, Z3643, Z3655, Z3700  Total Emergency Trips – includes base, mileage, supplies cost, and uses base unity quantity only. Total Non-Emergency Trips – includes base, mileage, miscellaneous costs above. Uses base unity quantity only.
200, 210	423	Nursing Facility (NF), Home Health Care	Expenses relating to nursing facility (NF) and home health care including durable medical equipment expense incurred in a NF or home health care setting. Examples include: Intermediate Care Facility and Skilled Nursing Facility.	L, A		<u>Nursing Facility:</u> Form Type L <u>Home Health:</u> Provider Type – 23(Home Health Agency), 24(Personal Care Attendant), 27(Adult Day Health), 36(Assisted Living Home), 37(Homemaker), 40(Attendant Care), 46(Nurse-Private RN or LPN), 50(Adult Foster Care), 57 (Residential treatment facility), 70(Home Delivered Meals) 95 (Non Medicare Certified Home Health Agencies) <b>or</b> HCPC Codes: S5100, S5101, S5102, S5125, S5130, S5140 S5150-HQ, S5151, S5165, S5170, S9123, S9123-TG, S9124, S9124-TG, T1019, T1021, T2016, T2017, T2018, T2019, T2021, T2026, T2031, T2031-TF, T2031-TG, T2033, T2033-UI, TF, G0154
140	424	Physical Therapy	Physical therapy and physical rehabilitation incurred for outpatient services.	A	06	Provider Type not equal to 02(Hospital), 05(Clinic), 08(MD-Physician), 31(DO-Physician Osteopath), 42(Hospital Affiliated Clinic) , C4 (Specialty Per Diem Hsp) Select by all HCPCS that meet Provider Type and AHCCCS Category of Service requirements.